(b) whether it is also a fact that some members of Parliament have already -written to him and the Minister of State in his Ministry 'drawing their attention to the anti-social activities of this Institute; and

(c) if so, the action proposed to be taken by Government in the matter?

THE MINISTER OF STATE IN THE DEPARTMENTS OF EDUCATION AND CULTURE IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT (SHRI L. P. SHAHI); (a) to (c) The Indian Institute of Planning and Management, New Delhi, is not an approved institution. A Member of Parliament had written in this regard. She was informed that the Government had no *locus standi* in the Institute and that the aggrieved parties could directly take up the matter with the Monopolies and Restrictive Trade Practices Commission (MRTPC).

Promotions in Central Health Services

914. SHRI CHITTA BASU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that officers of 14 Central (Group 'A' services get promoted to SAG level in 8-9 years of total service;

(b) whether Government propose to ensure that the medical graduates in Central Health Service who take maximum time in acquiring the minimum educational qualification be given promotion in 8 years and not after 12 years, as given in the package offered by Government, after the doctors withdrew their strike in July, 1987.

(c) whether Government are aware that at least five Central Group A services have 10 per cent to 13.5 per cent posts' of their cadre posts in SAG level; and

(d) if so, whether Government propose to ensure that the Medical graduates in Central Health Service posts for whom •cadre restructuring to provide satisfactory career progress was recommended by the 4th Central Pay Commission and accepted by Government be given similar percentage of posts, i.e. 13.5 per cent posts | in the SAG Level?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) The period of eligibility for promotion to the Junior Administrative Grade (Rs. 3700—5000) of a Central Group 'A' service is 9 years of service in Group 'A'. There are a few services where the officers with 9 years of service in Group 'A have been promoted I to Junior Administrative Grade but in a j good number of services, the promotion to Junior Administrative Grade takes , longer years of service. The period of eligibility for promotion to Senior ' Administrative Grade is 17 years service in Group 'A*. Promotion to Junior Administrative Grade and Senior Administrative Grade are dependent upon the number of vacant posts at that level. The> posts at the various levels are, by and large, created on structural and functional considerations.

(b) Promotion to the post -of Chief Medical Officer (Junior Administrative Level) is not automatic but has to be based on functional needs. Normally a Senior Medical Officer of Central Health Service is eligible for consideration for promotion to the post of Chief Medical Officer (Junior Administrative Grade Level) after 5 years of regular service in that grade. In actual practice it however took more than 10—25 years for a Senior Medical Officer to become Chief Medical ' Officer (Junior Administrative Grade). With a view to removing stagnation it was decided to relax the eligibility criteria, as provided in the package, to the extent that all Senior Medical Officers with 12 years of GTOUP 'A' Service and 2 years' as Senior Medical Officers will be eligible forconsidera- tion to the cost of Chief Medical Officer based n the senion'ty-cum-fitness. This relaxation was allowed so that more number of officer- have onnnrtunitv for DTrnotiiri if it is supported bv fun-- ot'nnai i'u.tification. The usual mode of promotion to Jrniior Administrative

Grade level is . otherwise by selection. There is no proposal under consideration to revise the original criteria for promotion to the post of Chief Medical Officer (Junior Administrative Grade).

(c) and (d) There are at least 5 services where the posts at the level of senior Administrative Grade are above 10 per cent of the total duty posts but the posts at this level are sanctioned primarily on functional considerations. The Interdepartmental Committee which has been set up to look into the career progression and cadre structure of Central Health Service, Railway Medical Service and medical posts under Central Police Organisation is also looking into the aspect of requirement of Senior Administrative Grade level posts for these services. < The Committer has not yet submitted its report.

Manfacture of contaminated intravenous injections

915. SHRI M. S. GURUPADASWAMY; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that some pharmaceutical companies are manufacturing intravenous injections contaminated with foreign particals;

(b) whether a complaint Of this nature has been lodged with the Drugs Controller, Delhi Administration recently; and

(c) if so, what are the details thereof and what action has been taken against the concerned pharmaceutical firms?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE); (a) No pharmaceutical company is licenced to manufacture intravenous solutions in Delhi. Therefore, no firm was found manufacturing such solutions contaminated with foreign particles.

(b) One complaint was received on 5th April, 88 about Metrogyl intravenous injection (100 ml.) Batch No. U8038-manufactured by Mjs. Ifiunik Pharma ceuticals Pvt. Ltd. situated in Ankleshwar,. Gujarat.

(c) A news item appeared in the Times of India, New Delhi edition of 5th April, 1988 in which allegations were made that a 100 ml. bottle of Metrogyl (Metronidazole Intravenous Injection Isotonic) manufactured by M/s. Ifiunik Pharma--ceuticals Pvt. Ltd. of Ankleshwar, Gujarat, purchased from a ehemiat shop at Shakti Nagar, was contaminated with foreign particles subsequently, after the publication of the news item, a complaint was received in the Office of the Drugs. Controller from Mr. S. L. Goel, 1630, Gulabi Bagh, Delhi about this very case. The matter was examined and investigated by the Drugs Inspector of Delhi Administration. The details are given hereunder:—

(1) Allegations of Mr. Goel that he had filed a complaint with the Drugs Controller, Delhi Administration in the previous month, was not correct. The complaint was received in the Drug Control Office on the afternoon of 5th April, 198S aftsr the publication of the above mentioned news item,

(2) It was found on inspection that the local distributor of the manufacturer i.e. M|s. Unique Distributors, Sira. Ram Bazar, Delhi had purchased this batch of Metrogyl from the manufacturer directly. The 136 bottles of this Datch received by M]s. Unique Distributor were in turn sold to M|s. Taneja Traders, Jawahar Nagar, . Delhi (96 bottles) and to Sir Ganga Ram Hospital, New Delhi (40 bottles). Mjs. Taneja Traders had in turn sold the batch to M|s. Super Pharmacy fiomi whom the drug was purchased by the complainant, Sh. Goel. Mjs. Super Pharmacy at the time of inspection, had 19 bottles of Metrogyl of the same batch No. U8038. All these bottles were examined, but none was found: contaminated with any foreign matter.